



Thruway  
Authority

UTILIZATION PLAN FOR ALL SUBCONTRACTORS

**Purpose:** This form is completed by the contractor for the utilization of all subcontractors, suppliers and trucking firms.

**INSTRUCTIONS:** Complete form and submit within 10 days after bid opening.

Contractor Name and Address		Federal ID No.		Contract Numbers	
				TA No.	D No.
List <b>all</b> Subcontractors, Suppliers and Trucking Firms		Certification Status	Submission	Items of Work, Services, or Supplies to be Provided	Agreement Amount
Name _____ Address _____ Phone No. _____ Federal ID No. _____					\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____					\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____					\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____					\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____					\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____					\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____					\$
Prepared by:					
_____ Signature		_____ Phone No.		Sub Total From Page 2 \$	
_____ Title		_____ Date Submitted		Grand Total \$	

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Name _____ Address _____ Phone No. _____ Federal ID No. _____				\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____				\$
Compliance Unit Comments:			Sub Total \$	